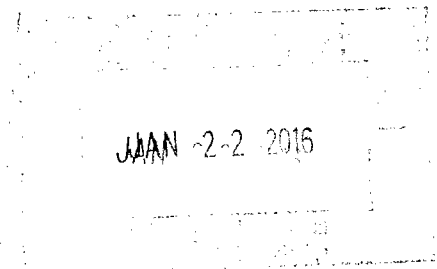


Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

132	Madison Limousine Service, Inc., t/a Madison Limo			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
2230 Gallows Road, #360		Dunn Loring	VA	22027-1174
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
P.O. Box 90		Falls Church	VA	22043-0090
Mailing Address (if different from street address)		Apt./Suite	City	State Zip
(703) 534-9700		(703) 534-9704	mike@madisonlimous.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

886476		167	
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. M. Mike Hajoun	President
*Name	*Title
(703) 534-9700	(703) 534-9704 mike@madisonlimous.com
*Telephone	Other Telephone Fax E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process	Telephone	E-mail
Agent Address (must be inside Metropolitan District)	Apt./Suite	City State Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
			SEE ATTACHED				

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

MARWAN M. HAJOUN

*Name (type or print)

PRESIDENT

*Title (not required for sole proprietors)



*Signature

1/18/2016

*Date

Washington Metropolitan Area Transit Commission

WMATC NO: 132

2016 Annual Report: Revenue Vehicle List

Name: Madison Limousine Service, Inc.

Trade Name: Madison Limo

Fleet No.	Model Year	Make	VIN No.	Plate	State Registered	Capacity
10	2000	Ford	1 FDXE45S4YHB54026 ✓	P 160085	VA	25
12	2001	Ford	1 FDXE45SX1HB34112 ✓	P 160086	VA	15
14	2001	Ford	1 FDXE45F51HA68020 ✓	P 160087	VA	15
15	2001	Ford	1 FDXE45F51HA62749 ✓	P 160088	VA	25
16	2000	Ford	1 FDXE45F6YHB38204 ✓	P 160089	VA	25
17	2000	Ford	1 FDXE45F4YHB38203 ✓	P 160090	VA	25
18	2000	Ford	1 FDXE45F9YHB64800 ✓	P 160091	VA	25
19	2000	Ford	1 FDXE45FXYHB68614 ✓	P 160092	VA	25
20	2001	Ford	1 FDXE45F01HB69916 ✓	P 160093	VA	25
31	2013	IC HC	5WEXWSKK9DH044719 ✓	P 160094	VA	29
32	2013	IC HC	5WEXWSKK7DH044735 ✓	P 160095	VA	29
33	2008	IC HC	4DRASAAL98H517058 ✓	P 160096	VA	33
34	2014	IC HC	4DRXWSKK9EH454677 ✓	P 160097	VA	29
35	2014	IC HC	4DRXWSKK2EH454679 ✓	P 160098	VA	29
1	2006	Mercedes	WDBNG75J96A479449 ✓	XTH 3235	VA	4
2	2008	Cadillac	1 G6KD57YX8U199989	H517775	VA	4

JAN 2017